



# Outside Entity Inspection Requirements

An inspection by an outside entity (fire marshal or designee, certified or licensed home or building inspector, other appropriate contractor inspecting a part of the building within the scope of the contractor's license) shall be conducted on Provider Operated Settings (defined as a setting that is owned, leased, operated, or controlled by a provider, and may include the homes of employees or subcontractors).

- Inspection must be conducted prior to initial certification and at least every twenty-four (24) months thereafter.
- The provider shall not provide services in the new setting until the Division has reviewed the building inspection report completed by one of the entities identified above, and has verified that all recommendations have been addressed. The Division shall complete an on-site visit of the new setting within 6 months.
- Building inspections shall be required when additions or significant remodeling has occurred.
- The building inspection shall include a written report that includes recommendations to address areas of deficiencies concerning fire or safety hazards, if applicable.
- The provider shall complete follow-up on the recommendations and document how deficiencies from the inspection have been adequately addressed, as outlined in Chapter 45, Section 13 of the Department of Health's Medicaid Rules.
- All recommendations must be resolved within thirty (30) calendar days. If deficiencies cannot be corrected within that time frame, a written plan on how deficiencies will be corrected, including the anticipated date of completion, shall be developed within thirty (30) calendar days of the initial report. Completion of the final remediation shall be submitted to the Division, and the report shall be available to the Division upon request.
  - o An external inspection is required before services are provided in a new location. The inspection report and verification that all deficiencies have been remediated shall be submitted to the Division prior to services being delivered..

## **Inspectors may use their own reporting tool or use the form below**

Name and title of person completing home/facility inspection: \_\_\_\_\_

Building address: \_\_\_\_\_

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No recommendations made at this time.

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Recommendations noted below

\_\_\_\_\_  
Signature of Building Inspector

\_\_\_\_\_  
Date of Inspection